PTO/SB/17 (57-07)
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|--|------------------------------------|-----------------------------------|-------------|---|---------------------------------|---|---|----------------|--|
| FEE TRANSMITTAL For FY 2007 | | | | Application Number 09/868,141-Conf. #6016 | | | | | |
| | | | | ling Date | June 15, 2001 | | | | |
| | | | | rst Named inv | | Shuji TAKANA | | | |
| | | | | xaminer Name | 1 | L. M. Dauyon | | | |
| Applicant claims small entity status. See 37 CFR 1.27 | | | A | rt Unit | | 1751 | | | |
| TOTAL AMOUNT OF PAYME | TAL AMOUNT OF PAYMENT (S) 1,810.00 | |) A | Attorney Docket No. 1422-0480 | | 1422-0480P | | | |
| METHOD OF PAYMEN | IT (check al | i that apply) | | | | *************************************** | | | |
| Check Credit (| L | Money Order [| None | h-mark | pirase identify Account Name | Birch, Stews | ırt, Kolasc | h & Birch, | |
| For the above-iden | tified deposi | t account, the Dir | ector is he | reby authorize | ed to: (chec | k all that apply) | | | |
| x Charge fee(s |) indicated b | elow | | Charg | e fee(s) ind | icated below, e. | xcept for t | ne filing fee | |
| i fae(s) under : | dditional fee 37 CFR 1.16 | e(s) or underpaym and 1.17 | nents of | x Credit | any overpa | yments | | | |
| FEE CALCULATION | | | | | | | | | |
| 1. BASIC FILING, SEARC | | | | 011.5550 | | | | | |
| | FILE | NG FEES Small Entity | SEAR | CH FEES Small Entity | EXAMIN | ATION FEES Small Entity | | | |
| Application Type | Fee (\$) | | Fee (\$) | Fee (S) | Fee (\$) | Fee (\$) | Fees F | Paid (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | | | |
| Design Plant | 200 200 | 100 100 | 100 300 | 50 150 | 130 | 65 | | | |
| Reissue | 300 | 150 | 500 | 250 | 160 600 | 80 300 | *************************************** | | |
| Provisional | 200 | 100 | 0 | .0 | 000 | 300 | *************************************** | ************** | |
| 2. EXCESS CLAIM FEES | 100 | 100 | | -17 | 0 | v | | Small Entity | |
| Fee Description Each claim over 20 (include | ling Reissue | (s) | | | | | Fee.(8) | Fee (\$) 25 | |
| Each independent claim or | | | | | | | 200 | 100 | |
| Multiple dependent claims | | | | | | | 360 | 180 | |
| Total Claims | | Fee Paic | | | itiple Depends (\$) | nt Claims Fee Paid (\$ | i) | | |
| Indep. Claims Extra | Claims | Fee (\$) | Fee Paic | 1 (\$) | | | ************ | **** | |
| 1 - 3 + HP = highest number of indeper | x ident claims pa | ed for, if greater than | à | | | | | | |
| APPLICATION SIZE FE If the specification and dr listings under 37 CFR should or fraction there | awings exce 1.52(e)), the | application size | fee due is | \$250 (\$125 f | | | |) | |
| Total Sheets E | xtra Sheets | | | tional 50 or frac und up to a who | | | Fee. | Paid (\$) | |
| 4. OTHER FEE(S) Non-English Specificat | ion. \$130 t | oc (no small emi | tv discoun | r) | | | Fees | Paid (\$) | |
| Other (c.g., late filing s | mcharger: | 1801 Request fo 1253 Extension | or continu | ed examinal | ion (RCE) ird month | (see 37 | | 0.00 20.00 | |
| | <u> </u> | | | | | | | | |
| SUBMITTEU BY | | | | | | | | | |
| - Spanning | from Eng | Lamon | (All | gistration No omoy(Agent) | 32,881 | Telephone | (703) 20 | 5-8000 | |